

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) *09947852*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	13					
TOTAL CLAIMS	26					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS